



# TAMPA BAY

## INTERNATIONAL CHRISTIAN CHURCH

### GUEST SPEAKER AGREEMENT

Requester Information		Event Details	
Name	_____	Title	_____
Organization	_____	Date	_____
Phone	_____	Time	_____
Email	_____	Address	_____
			_____

By signing this form, the requester and requesting organization agrees to have the following representative of the Tampa Bay International Christian Church (TBICC) speak at their event, which may require financial compensation as detailed by administrator and authorized by the representative.

Representative Name: \_\_\_\_\_ Representative Phone: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Administrator Use Only

*Checks Made Payable To "Tampa Bay ICC"*

*Please Specify Other Payment Methods*

SUB TOTAL		Payment Method	<input type="checkbox"/>	Check
			<input type="checkbox"/>	PayPal
			<input type="checkbox"/>	Other _____